

**LETTER OF INTENT (LOI)**  
**HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE**

*(Prescribed by DoD 4500.9-R)*

**SECTION I** *(For PPSO use only)*

<b>1. TITLE</b>	<b>2. SIGNATURE</b>	<b>3. ACCEPTANCE DATE</b> <i>(YYYYMMDD)</i>	<b>4. EFFECTIVE</b> <i>(Cycle)</i>
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**SECTION II** *(For Carrier use only)*

You are requested to accept this LOI as evidence of our intent to provide personal property services from your area(s) of responsibility. We are a DoD approved carrier and copies of Federal and/or state certificates and/or permits are on file with HQMTMC. I certify that the following statements are true and complete. Any misrepresentation and/or falsification may be subject to prosecution under Section 1001, Title 18, United States Code. I further certify I have written agreements with agents indicated on this LOI for the purpose of handling noted codes of service. I certify that facilities of these agents have been inspected by an authorized representative of my company and such facilities meet the standards of the tender of service.

**5. CARRIER APPROVING OFFICIAL**

<b>a. TYPED NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. TITLE</b>	<b>c. SIGNATURE</b>	<b>d. DATE</b> <i>(YYYYMMDD)</i>
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NOTE: LOI will remain on file continuously until replaced by another LOI or returned by PPSO.

<b>6. CARRIER NAME</b>		<b>7. SCAC</b>
<b>8. ADDRESS</b> <i>(Street or P.O. Box Number, City, State, ZIP Code)</i>	<b>9. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	<b>10. FAX NUMBER</b> <i>(Include Area Code)</i>
	<b>11. TELEX NUMBER</b>	<b>12. EASYLINK</b>

**13. TO** *(Personal Property Shipping Office/GBLOC)*

**14. TYPE OF LOI** *(X one)*

<input type="checkbox"/> DOMESTIC INTRASTATE	<input type="checkbox"/> INTERNATIONAL HHG
<input type="checkbox"/> DOMESTIC INTERSTATE	<input type="checkbox"/> INTERNATIONAL UB

**15. NEW OR REPLACEMENT LOI** *(X one)*

<input type="checkbox"/> NEW LOI
<input type="checkbox"/> REPLACES LOI ACCEPTED <i>(YYYYMMDD)</i> _____

**16. THIS LOI IS APPLICABLE TO OPERATING AREA(S):** *(List)*

**17. SCOPE OF OPERATING AUTHORITY** *(As indicated on certificates/permits on file with Headquarters MTMC) (X as applicable)*

<input type="checkbox"/> C = CONUS	<input type="checkbox"/> CAE = CONUS + AK WITH EXCEPTION <i>(Specify)</i> _____
<input type="checkbox"/> CA = CONUS + AK	<input type="checkbox"/> CAHE = CONUS + AK & HI WITH EXCEPTION _____
<input type="checkbox"/> CAH = CONUS + AK & HI	<input type="checkbox"/> I = INTRASTATE <i>(Specify)</i> _____
<input type="checkbox"/> CE = CONUS WITH EXCEPTION <i>(Specify)</i> _____	

